

## **EMSAM PA SUMMARY**

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of major depressive disorder in members 18 years of age or older

*AND*

- ❖ Member must have tried and failed at least two SSRIs (i.e. fluoxetine, Prozac, fluvoxamine, Luvox, paroxetine, Paxil, Paxil CR, Pexeva, citalopram, Celexa, Lexapro, Zoloft) and at least one SNRI (i.e. Effexor, Effexor XR, Cymbalta) within the last 365 days.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.